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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/457,228 12/08/1999 PAT 6,827,740

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2

ADDRESS

22882

TITLE

METHOD FOR FORMING A SPINAL IMPLANT SURFACE CONFIGURATION

FILING FEE RECEIVED 896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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